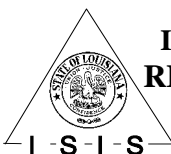


ISF022

C 03/02/96

R 03/99



INTEGRATED STATEWIDE INFORMATION SYSTEMS REQUEST FOR CONTROL AGENCY ISIS USERID – AFS

ACTION:

☐ New USERID
☐ New to AFS
☐ Name Change
☐ Chg. Group No.
☐ Chg. Profile.
☐ Add BUNDL Codes
☐ Chg. BUNDL Codes
☐ Del. USERID

Name (Please Print):

Current USERID:

Title:

Agency Group Number:

Work Telephone:

Agency/Dept. Name:

Internet E-mail Address:

Supervisor's Name:

Work Mailing Address:

BUNDL Mailcode(s):

Already Trained:
☐ YES ☐ NO
Previous Userid:

Agency Security Administrator
☐ YES ☐ NO

Below you will find a list of the available security profiles. Each user will be limited to only one security profile that will perform his/her assigned duties. Please circle the appropriate choice.

Security Profiles:

| | | | | | | | | | |
|----------|-----------|---------|----------|----------|----------|----------|----------|----------|----------|
| AUDIT1 | AUDITOR 1 | BUDOPB1 | INQUIRY1 | INQUIRY2 | MISCACC3 | MISCACC4 | MISCMGR5 | OSISADMN | OSRAP1 |
| OSRAP2 | OSRAP3 | OSRAP4 | OSRAP5 | OSRAP6 | OSRAP7 | OSRAP8 | OSRAP9 | OSRAP10 | OSUPACC1 |
| OSUPACC2 | OSUPSP1 | OSUPSP2 | PAYROLL1 | PROJACC1 | PROJACC2 | PROJACC3 | REVPAY1 | REVSP2 | SPOSP1 |
| SYSADMN | TECHADMN | TREAS1 | TREAS2 | TREAS3 | TREAS4 | TREAS5 | TREAS6 | TREAS7 | TREAS8 |
| TREAS9 | TREAS10 | | | | | | | | |

Will this USERID bill agencies outside its Agency Group? ☐ YES ☐ NO Do these billings require approval by the buyer? ☐ YES ☐ NO

I understand that my USERID is my personal identification and provides permissions to valuable data and automated resources. My USERID is not to be shared with any other employee. As the owner of a USERID it is my responsibility to protect the resources I have been permitted by protecting the confidentiality of my password. I understand that any use of my unique USERID is monitored and that I am accountable for how it is used.

Signature**Date**

Should you need to call for assistance with your USERID you may be requested to provide additional information to confirm that you are the USERID's true owner. Please fill in the following information which will be used for that confirmation:

Mother's Maiden Name (Please Print): _____ **Father's First Name (Please Print):** _____

Authorization to Assign USERID

(To be completed by Agency Security Administrator or representative of Appointing Authority)

I verify that the individual whose name appears on this form is currently employed at the agency named above. I also authorize this employee to have the access indicated on this form. I understand that should this person leave the agency or be assigned to another duty station that I am to contact the Division of Administration SIS security administrator within one working day of the employee's change in status.

Agency Security Administrator**Name (Please Print)****Title****Telephone****Signature****Date**

I verify that all information that appears on this form is accurate and complete.

Agency Liaison Signature**Date**

SIS office use only

USERID Number: _____

Date Completed: _____

REQUEST FOR CONTROL AGENCY ISIS USERID - AFS
ISF022 FORM INSTRUCTIONS
Rev. 03/99

Name (Please Print): Name to be assigned to User Identification (USERID).

Title: Title of position USERID occupies.

Work Telephone: Work telephone number where user can be reached.

Internet E-mail Address: Internet E-mail address where correspondence may be sent electronically.

Work Mailing Address: Work mailing address where correspondence may be sent through the United State Postal Service.

Current USERID: Current USERID assigned to the user for which a change is requested. If new request, leave blank.

Agency Group Number: The number designating the agency group the USERID belongs to.

Agency/Dept. Name: The name associated with the agency number specified below.

Supervisor's Name: Name of the person responsible for supervision over the user's duties.

BUNDL Mailcode(s): The BUNDL mailcodes for which you require view access. If numerous mailcodes are required, attach an additional page to the USERID request form. All BUNDL codes should be prefixed with **ISF** if for AFS. Write "NONE" if BUNDL access is not needed.

Action (box): Check only one of the following.

| | |
|------------------|---|
| New USERID | Establish USERID <u>and</u> a pre-defined security profile for AFS. |
| New To AFS | Use existing ISIS USERID to establish a pre-defined security profile for AFS. |
| Name Change | Change name on USERID. |
| Chg. Group No. | Change the Agency Group Number for an existing USERID. |
| Chg. Profile | Change the AFS security profile for an existing USERID. (Completely replaces the previous security profile associated with the USERID). |
| Add BUNDL Codes | Add BUNDL mailcodes for USERID to those previously established. (Mailcodes on original form, previously submitted, will remain). |
| Chg. BUNDL Codes | Change BUNDL mailcodes previously established for USERID to those currently on form. (Completely replaces previous mailcodes). |
| Del. USERID | Delete USERID from system. |

Already Trained:(box): If request is for new userid, answer training status for AFS system. If user was trained at another agency and transferred to this agency, check YES and enter previous userid. If user is new to AFS, check NO and attach training request form.

Security Administrator: If this USERID is assigned to the Agency Security Administration or should be allowed to inquire on security records, check YES. Otherwise check NO.

Security Profiles: Circle only one of the security profiles. For a complete listing of security groups and permissions for each profile, refer to the AFS Profile Listing handout.

**Billing Outside
Agency Group**

If Interagency Billings are to be processed for agencies other than the ones listed with the Agency Group for this USERID, check YES.

If Interagency Billings will only be processed within this USERID's Agency Group, check NO.

**Billings require
Buyer Approval**

If Interagency Billings will require the buyer's approval, check YES.

If Interagency Billings are pre-approved by the buyer, check NO.

ISF020 form must be signed and dated by the prospective user.

Mother's maiden name and Father's first name **MUST** be provided for confirmation purposes by the OIS Security Administrator when problems related to the USERID are reported.

The authorization section must be completed by the Agency Security Administrator before a new USERID will be established, or the information about an existing one, changed.

The form should be verified for accuracy and legibility and the verification section should be completed by the Agency ISIS Liaison before a new USERID will be established, or the information about an existing one, changed.